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INDICATION FORM**

PTO/SB/81 (04-05)  
Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Application Number	10/761,585
Filing Date	January 21, 2004
First Named Inventor	Stuart T. SMITH et al.
TTO	Positioning Device Employing a...
Art Unit	3723
Examiner Name	Unknown
Attorney Doctor Number	0026711.00007

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

Name	Registration Number
Christopher L. Bernard	48,234

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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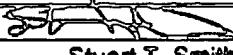
<input checked="" type="checkbox"/>	DOUGHERTY, CLEMENTS, HOFER, BERNARD & WALKER				
Address	1901 Roxborough Road, Suite 300				
City	Charlotte	State	North Carolina	Zip	28211
Country	USA				
Telephone	704.366.6642	Email	cbernard@worldpatents.com		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	5-17-05
Name	Stuart T. Smith	Telephone	704.366.6642
Title and Company	PROF. LIVCC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0851-0035

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Application Number	10/761,585
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First Named Inventor	Stuart T. SMITH et al.
Title	Positioning Device Employing a...
Art Unit	3723
Examiner Name	Unknown
Attorney Docket Number	0026711.00007

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I hereby appoint:

Practitioners associated with the Customer Number: [Redacted]

OR

Practitioner(s) named below:

Name	Registration Number
Christopher L. Bernard	48.234
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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The address associated with the above-mentioned Customer Number: [Redacted]

OR

The address associated with Customer Number: [Redacted]

OR

Firm or Individual Name: DOUGHERTY, CLEMENTS, HOFER, BERNARD & WALKER

Address	1901 Roxborough Road, Suite 300				
City	Charlotte	State	North Carolina	Zip	28211
Country	USA				
Telephone	704.366.6642	Email	cbernard@worldpatents.com		

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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	5/17/05
Name	Shane C. Woody	Telephone	704.366.6642
Title and Company	Institute Inc.		

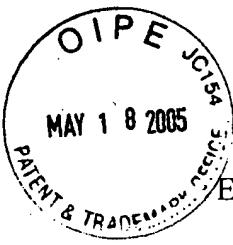
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S- 1905

JFW



**EXPRESS MAIL CERTIFICATE**

Express Mail No.: - EV 460102555 US

Date of Deposit: - May 18, 2005

Type of Document(s):  
- Transmittal Form (PTO/SB/21)  
- Power Of Attorney and Correspondence  
    Address Indication Form (PTO/SB/81) (2 pgs.)  
- Postcard Filing Receipt

Application No.: - 10/761,585

Filing Date: - January 21, 2004

Applicant(s): - Stuart T. SMITH et al.

Title: - POSITIONING DEVICE EMPLOYING A PLATFORM,  
        LEVERING MECHANISM AND FLOATING  
        ACTUATOR DEVICE

Examiner: - Unassigned

Art Unit: - Unassigned

Attorney Docket No.: - 0026711.00007

Our Ref: - 4293

I hereby certify that the above-referenced documents are being/have been deposited with the United States Postal Service "Express Mail Post Office to Addressee" in accordance with 37 CFR 1.10 on the above-referenced date and are being/have been addressed to:  
**Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 USA.**

Barbara C. Brown  
Barbara C. Brown  
Paralegal

MAY 18 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
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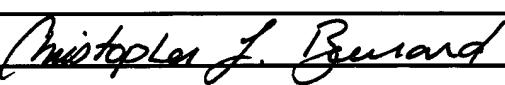
Total Number of Pages in This Submission

3

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Art Unit	3723
Examiner Name	Unknown
Total Number of Pages in This Submission	3
Attorney Docket Number	0026711.00007

ENCLOSURES (Check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation (2 pgs.) <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			
RETURN RECEIPT POSTCARD			
Power of Attorney & Correspondence Address Forms: 1. Stuart T. Smith 2. Shane C. Woody			

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	DOUGHERTY, CLEMENTS, HOFER, BERNARD & WALKER		
Signature			
Printed name	Christopher L. Bernard		
Date	May 18, 2005	Reg. No.	48,234

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name	Barbara C. Brown	Date	5-18-2005

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